



Utah County Employee Address & Name Change Form

1. Please Type or Print
2. Sign and Date (Electronic Signatures are acceptable)
3. Return To Personnel: **E-Mail:** ucpersonnel@utahcounty.gov **Fax:** 801-851-8166 **In Person:** 100 East Center, Ste.3800, Provo

Name: _____ SSN or Employee ID: _____

Address Change / Phone Number Change

New Address: _____ City: _____

State: _____ Zip Code: _____ New Phone: _____ Effective date: _____

★Merit Employees: Update your information with health & life insurance coverage providers.

Name Change

You must bring your new Social Security Card, to Personnel, before name changes can be processed.

Previous Name: _____

New Name: _____

★Merit Employees: Update your information with health & life insurance coverage providers

Authorization: I authorize my employer to make the changes to my employee data as noted on this form

Signature: _____ Date: _____

★Merit Employees: Update Address & Name changes with your dental, vision health & life insurance providers

Complete changes with Personnel **before** making changes on the benefit website. This will allow the information between personnel and your insurance providers to remain consistent.

Log onto the benefits web site: <http://www.utahcounty.bswif.com> and update your address. This will update Vision, Health, Dental, Health Equity (HSA accounts) and Life Insurance.

User Name: Typically your first & last name without spaces & in lowercase. **Password:** The last 4 digits of your SSN

Personnel Dept Use Only

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|--|--|--|
| <input type="checkbox"/> Employee Record – URS, Prudential | <input type="checkbox"/> Public Works - Keys | <input type="checkbox"/> Clerk/Auditor |
| <input type="checkbox"/> Personnel Benefits Analyst – Name Changes | <input type="checkbox"/> National Benefits Services - FSA accounts | |